

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/584 107** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL DEP. | ↔ | 24 | ↔ | | ↔ | | |
| TOTAL CLAIMS | | 32 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| TOTAL IND. | | | | | | | |
| TOTAL DEP. | ↔ | | ↔ | | ↔ | | |
| TOTAL CLAIMS | | | | | | | |